

## **Joint Committee on Corrections**

### **Information for Legislative Institutional Visits**

Facility Name: Western Reception Diagnostic & Correctional Center (WRDCC)			
Custody Level	C 1-5	Warden	Ryan Crews
Total Acreage	158 (Approx.)	Address	3401 Faraon St.
Acreage w/in Perimeter	71 (Approx.)		St. Joseph, MO 64506
Square Footage	All Buildings – 720,000	Telephone:	816-387-2158
Year Opened	1999	Fax:	816-387-2217
Operational Capacity/Count (as of November 30, 2012)	1980/2113		
General Population Beds (capacity and count as of November 30, 2012)	752*/646 *includes 12 juvenile beds	Deputy Warden	Heath Spackler
Segregation Beds (capacity and count as of November 30, 2012)	136*/82 *includes 49 TASC beds	Deputy Warden	Vacant
Treatment Beds (capacity and count as of November 30, 2012)	645/625	Asst. Warden	Nancy Alldredge
Work Cadre Beds (capacity and count as of November 30, 2012)	None	Asst. Warden	Richard Stepanek
Diagnostic Beds (capacity and count as of November 30, 2012)	496/760	Major	Thaniel McFee
Protective Custody Beds (capacity and count as of November 30, 2012)	None		

#### **1. Capital Improvement Needs:**

- a. How would you rate the overall condition of the physical plant of the institution?  
*Good.*
- b. What capital improvement projects do you foresee at this facility over the next six years?
  - 1. Security System (Blackcreek) and perimeter fence upgrade - funded, but not started.*
  - 2. Remove/demolition of Progress Hall.*
  - 3. New Multi-Purpose Building.*
  - 4. Training Building upgrade on roof/plumbing/electrical/classrooms/HVAC.*
  - 5. Re-roofing the laundry building and powerhouse.*
  - 6. Renovation of Housing Unit #10, J-wing.*
  - 7. Upgrade electrical system in Housing Unit #11.*
  - 8. Re-roof/upgrade HVAC, electrical and plumbing in Offender Property Building.*
  - 9. Repair fire detection system in Housing Unit #1.*
  - 10. Upgrade drainage on Housing Unit #1 recreation yard.*
- c. How critical do you believe those projects are to the long-term sustainability of this facility?

*Very critical.*

**2. Staffing:**

- a. Do you have any critical staff shortages?  
*Vacancies: 5 – Corrections Officer I's; 1 – Corrections Manager; 1 – Corrections Officer II's*
  - *Correction Officers, clerical staff, and Cooks positions are always hard to fill because very few applicants are on the register. In my opinion due to staffing levels, each vacancy would be critical.*
- b. What is your average vacancy rate for all staff and for custody staff only?  
*There is an average vacancy rate for all staff of 15.38% and 14.40% for custody staff.*
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?  
*Yes, the accrual/usage of compensatory time presents a daily challenge to custody supervisors to minimize accrual and to ensure compensatory time reduction occurs in a manner which ensures adequate daily staffing while accommodating staff requests for leave.*
- d. What is the process for assigning overtime to staff?  
*The vast majority of overtime accrued is the result of holidays. The earned overtime is primarily accrued in areas such as transportation runs. All other overtime accrued by staff is assigned first by requesting volunteers and then by assignment based on seniority if no volunteers are found.*
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?  
*For Corrections Officer I and II staff, approximately 42% of the comp-time accrued is paid off and the remaining 58% is retained or used. Other staff do not receive comp time payouts and must use it as time off.*
- f. Is staff able to utilize accrued comp-time when they choose?  
*Every effort is made to accommodate staff requests. In most cases, staff utilize accrued compensatory time on dates of their choice based on the needs of the facility.*

**3. Education Services:**

- a. How many (and %) of inmate students at this institution are currently enrolled in school?
  - *Education for General Population has 60 students which accounts for approximately 8% of the of general population offenders.*
  - *In our treatment program, we had about 170 offenders participating in GED classes on a part time basis which accounts for 28.6 % of treatment offenders.*
- b. How many (and %) of inmate students earn their GED each year in this institution?  
*So far in 2012 there have been 110 successful GED completions in treatment. General population education just recently started and have not had any offenders take the GED test yet.*
- c. What are some of the problems faced by offenders who enroll in education programs?  
*Some of the issues offenders may experience which makes education a challenge includes:*

- *Inability to complete the program due to the brevity of term at WRTC*
- *Conflict with other required programs*
- *Entry level academic skills*
- *Low self esteem related to educational history*
- *Family and social stressors*
- *Mental disorders*
- *Medical conditions*

4. **Substance Abuse Services:**

- What substance abuse treatment or education programs does this institution have?  
*WRDCC has treatment programs run Division of Offender Services and Gateway, a contract provider. The following programs are offered.*
  - *180-OUT, Offenders Under Treatment, 6 Month Program*
  - *BSAP, Board Ordered 6 Month Program*
  - *120-Day Treatment, Court and Board Ordered*
  - *Post Conviction Treatment*
  - *84 Day Parole Violator Treatment*
  - *120-Day Court Ordered Detention Sanction Program (CODS)*
  - *Partial Day Treatment Program*
- How many beds are allocated to those programs?
  - *BSAP, Board Ordered 6 Month Program (Gateway) - 135*
  - *180-OUT, Offenders Under Treatment, 6 Month Program (DORS) – 45*
  - *120-Day Treatment (Gateway) – 140*
  - *120 Day/Post Conviction/Parole Violator/CODS (DORS)-275*
  - *Partial Day Treatment Program (Gateway) - 50*
- How many offenders do those programs serve each year?
  - *BSAP, Board Ordered 6 mo. Program (Gateway) – 419 (July 2011 to July 2012)*
  - *180-OUT, Offenders Under Treatment, 6 mo. Program (DORS) – 540*
  - *120-Day Treatment (DORS)-1917*
  - *120-Day Treatment (Gateway) – 693 (July 2011 to July 2012)*
  - *Intermediate Treatment Program (Gateway) – 419 (July 2011 to July 2012)*
  - *Post Conviction Treatment (DORS)-244*
  - *84 Day Parole Violator – 903*
  - *CODS – 0 – program (just started)*
- What percent of offenders successfully complete those programs?
  - *BSAP, Board Ordered 6 mo. Program (Gateway) - 90%*
  - *120-Day Treatment (Gateway) - 88%*
  - *120-Day Treatment (DORS) – 98%*
  - *180-OUT, Offenders Under Treatment, 6 mo. Program (DORS) – 95%*
  - *Intermediate Treatment Program (Gateway) - 90%*
  - *Post Conviction Treatment (DORS) – 97%*
  - *84 Day Parole Violator – 95%*
  - *CODS – 0%*

- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?

*Establishing a level of trust to deal with issues of the clients' former lifestyles. Breaking through the denial of the seriousness of a client's substance abuse/dependency and criminal lifestyle is a task. Management of the MH-3 / MH-4 clients and dual diagnosed offenders. It is also difficult to work with some of the offenders with numerous medical restrictions and lay-ins due to their limitations. We make every effort to work with these offenders to the best of our ability; however, many times it is difficult to get them all of the services they really need while they are in the prison setting. The biggest challenge at this time is receiving a higher number of disruptive and challenging offenders than in the previous years. We appear to be getting higher custody level offenders with a more violent past. Also, consistency among staff is also a huge challenge. It is often difficult to get all of the staff on the same page and keeping it continually consistent due to constant changes.*

**5. Vocational Programs:**

- a. What types of vocational education programs are offered at this institution?

*WRDCC does not have any vocational programming*

- b. How many offenders (and %) participate in these programs each year?

*N/A*

- c. Do the programs lead to the award of a certificate?

*N/A*

- d. Do you offer any training related to computer skills?

*No*

**6. Missouri Vocational Enterprises:**

- a. What products are manufactured at this institution?

*None*

- b. How many (and %) of offenders work for MVE at this site?

*None*

- c. Who are the customers for those products?

*N/A*

- d. What skills are the offenders gaining to help them when released back to the community?

*N/A*

**7. Medical Health Services:**

- a. Is the facility accredited by the National Commission on Correctional Health Care?

*Yes*

- b. How many offenders are seen in chronic care clinics?

*Approximately 300 a month are for routine chronic care visits by either nursing or physician.*

- c. What are some examples of common medical conditions seen in the medical unit?

*Back pain, athlete's foot, sinus congestion, sports injuries, heartburn.*

- d. What are you doing to provide health education to offenders?  
*Annual health fair, education during nursing and provider appointments, pamphlets available in medical waiting rooms, occasional use of offender information channel (TV).*
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?  
*No active cases of TB have been identified in the facility.*
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain.  
*Yes, however most aged offenders have a higher medical score than can be accommodated at WRDCC, so we have not seen a significant effect in population.*

**8. Mental Health Services:**

- a. How do offenders go about obtaining mental health treatment services?  
*Upon arrival at WRDCC R&D unit, every offender responds to questions on an Intake Mental Health Screening form completed by a medical nurse. Offenders arriving with verified psychotropic medication have an immediate face-to-face evaluation with a Qualified Mental Health Professional (QMHP). A QMHP is a Missouri Licensed Psychologist, Counselor, or Social Worker. There is a suicide risk potential that also provides an immediate face-to-face evaluation.*

*In the medical screening room, there is a large copy of a Medical Service Request (MSR). During the Mental Health Intake, offenders are again educated on how to request mental health services. The Mental Health Intake is a structured clinical interview that determines Mental Health Level and need of services. The Mental Health Intake is conducted between day 5 and 14 of the Diagnostic process.*

*The Referral and Screening Note (RSN) may be completed and submitted by any staff member, which again results in an individual encounter with a QMHP. All QMHP's have a caseload of offenders with a Mental Health - 3 Score and also to handle emergency services, as needed in their assigned housing units. In the evenings and on weekends and holidays, QMHP's rotate on-call to ensure 24 hour coverage for all offenders.*

*Staff in various housing units refer offenders to a variety of Mental Health groups ranging from Adjustment to Incarceration, Anger Management and Trauma Groups.*

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?  
*There have been no completed suicides since WRDCC opened in 1999. There is close communication between DOC staff and Mental Health, with a very proactive approach regarding intervention. All WRDCC staff attend annual training which includes a section for suicide prevention. Suicide Prevention training includes information and education including risk factors.*

*WRDCC has 9 single-man camera cells which are monitored by custody checks not less than 4 times an hour. Mental Health also has access to 2 additional camera cells in the TCU. QMHP's have daily contact with the offender to evaluate the level of risk and*

*supervision needed with custody providing timely and relevant information by documentation in the chronology file, as well as informing mental health of their observations to assist in modifications for the offenders on suicide watch.*

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

**399 (19.31%)**

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

*Those (MH 4) offenders in the diagnostic center are seen weekly to monitor stability/symptoms of mental illness. They are also referred, as criteria applies, to the Social Rehabilitation Unit (SRU) at FCC, The Special Needs Unit (SNU) at PCC . This year at JCCC we gained a Secure Social Rehabilitation Unit (SSRU) .*

*Offenders who are at risk in general population due to mental illness can be placed on Close Observation pending transfer or assimilation to general population with symptom management.*

*Offenders with acute psychiatric symptoms that meet criteria as an imminent risk of harm to self and/or others and other criteria may be referred by the psychiatrist for a Due Process and Involuntary Medication Hearing. This has occurred 4 times this year due to the more chronic and severely mentally ill population we receive.*

*All offenders with a Mental Health diagnosis participate in the creation of an Individual Treatment Plan to identify problems and goals. These offenders are placed in Mental Health Chronic Care, 406 at this time. These offenders meet with a QMHP at least once a month and sooner if needed. They have regular appointments with a staff psychiatrist and a psychiatric nurse.*

*WRDCC, due to being a diagnostic center, has also been chosen to participate in a new sentencing statute for several mentally ill offenders with a 120 Mental Health Treatment Program in conjunction with Department of Mental Health, Jackson County and Probation and Parole.*

9. What is your greatest challenge in managing this institution?

*The most challenging part is the overall management of the facility's workforce and the aging physical condition of some of the facility's buildings. Given the budgetary constraints and staffing reductions it is increasingly challenging to ensure appropriate maintenance of infrastructure and necessary staffing for adequate monitoring of all institutional functions. This can have an impact on staffs' working conditions and overall morale.*

10. What is your greatest asset to assist you in managing this institution?

*As always, the staff are the greatest asset to ensure the successful operation of our facility, followed by the support provided by the Division's executive staff. The facility's Administrative staff, section heads, and shift commanders continue to make it possible to manage the institution in a safe and effective manner.*

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

*Fleet Vehicles**Mileage as of 10/30/12*

<u>8 Crown Vic.</u>	<u>Mileage</u>	<u>Year</u>	<u>Status</u>
13-0010	81,478	2007	Inmate Transport
13-0025	61,258	2007	Inmate Transport
13-0332	65,881	2007	Inmate Transport
13-0352	136,839	2003	Perimeter Vehicle
13-0396	74,752	2006	Inmate Transport
13-0705	118,329	2004	Perimeter Vehicle
13-0724	75,340	1998	Specialty Squad
13-0792	56,389	2008	Inmate Transport
 <u>5 Max Vans</u>			
13-0268	109,040	2006	Inmate Transport Security Cage
13-0278	150,334	2007	Inmate Transport
13-0346	151,720	1997	Inmate Transport Handicap
13-0394	130,339	2006	Inmate Transport
13-0730	58,535	1998	Specialty squad
 <u>1 Bus</u>			
13-0372	129,255	2010	Inmate Transport
 <u>3 Mini Vans</u>			
13-0675	114,026	2008	Inmate Transport
13-0677	108,174	2008	Inmate Transport
32-0259	125,329	2008	Inmate Transport
 <u>4 Impalas</u>			
32-0233	86,207	2008	Pool
32-0239	87,469	2008	Pool
32-0242	82,382	2008	Pool
32-0246	85,031	2008	Pool
 <u>1 Suburban</u>			
13-0707	43,933	1999	Specialty Squad

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **(Please have the Major answer)**

*Staff morale would be rated as medium; due in part to the reduction in staff over the last several years and lack of cost of living raises. They have also been required to do more because of less staff. Most take pride in what they do and continue to perform their duties in a professional manner. Each has an opinion as to the problems within the department from health care benefits to the working conditions of being constantly short staffed, with that they continue to perform all assigned duties and bring credit to themselves and this institution.*

13. Caseworkers:

A. How many caseworkers are assigned to this institution?

- *Housing Unit #1(Treatment) - 4 Corrections Case Managers , 1 Corrections Classification Assistant*

- *Housing Unit #6 (Transitional Housing Unit and Work Release) - 6 Corrections Case Managers, 1 Corrections Classification Assistant, 1 Institutional Activity Coordinator*
- *Housing Unit #10 (Diagnostic Center) - 1- Corrections Case Manager III, 7- Corrections Case Managers*
- *Housing Unit #10 (Administrative Segregation) - 3- Corrections Case Managers*
- *Housing Unit #11 (General Population) - 6 – Corrections Case Managers, 1 - Corrections Classification Assistant*
- *Grievance Office - 1 Corrections Case Manager*

B. Do you currently have any caseworker vacancies?

*No*

C. Do the caseworkers accumulate comp-time?

*Yes, but we encourage the use of flex scheduling to avoid accumulation of any overtime.*

D. Do the caseworkers at this institution work alternative schedules?

*No.*

E. How do inmates gain access to meet with caseworkers?

*Through an open-door policy, by submitting written request, or by being placed on a call-out list.*

F. Average caseload size per caseworker?

*73 Offenders to 1 Caseworker*

- # of disciplinary hearings per month?
  - *Housing Unit #1 – 136.7 monthly average*
  - *Housing Unit #6 – 101.9 monthly average*
  - *Housing Unit #10 – 145.5 monthly average*
  - *Housing Unit #11 – 150.2 monthly average*
- # of IRR's and grievances per month?
  - *Housing Unit #10 – 47.3 monthly average*
  - *Housing Unit #1 – 9.4 monthly average*
  - *Housing Unit #6 – 19.8 monthly average*
  - *Housing Unit #11 – 41.7 monthly average*
  - *Grievances (entire facility) – 36.9 monthly average*
  - *1,216 Total IRRs for 2012*
  - *432 Total Grievances for 2012*
- # of transfers written per month?
  - *Housing Unit #1 – 11 monthly average*
  - *Housing Unit #6 – 16.1 monthly average*
  - *Housing Unit #11 – 27.7 monthly average*
  - *Housing Unit #10 - averages 1.6 (Transfers do not include those offenders sent out of the Diagnostic Center to other facilities; only transfers written and submitted to Central Transfer Authority.)*



- # of re-classification analysis (RCA's) per month?
  - **Housing Unit #1 –36.7 monthly average**
  - **Housing Unit #6 – 57.7 monthly average**
  - **Housing Unit #11 –36.2 monthly average**
  - **Housing Unit #10 - 173.9 RCA's/ICA's monthly average (This includes diagnostic offenders)**

G. Are there any services that you believe caseworkers should be providing, but are not providing?  
**No**

H. If so, what are the barriers that prevent caseworkers from delivering these services? **N/A**

I. What type of inmate programs/classes are the caseworkers at this institution involved in?  
**Pathways to Change, Impact of Crime on Victims Class, Inside Out Dads, Anger Management.**

J. What other duties are assigned to caseworkers at this institution?  
**Notary services, classification file reviews, AICS (Adult Internal Classification System), process all visiting forms, process death and critical illness notices, make all housing and job assignments, case management team member, RCA (Reclassification Analysis), TAP (Transitional Accountability Plans), contacting outside agencies for referral services, possible enemy/protective custody investigations, order supplies and maintain inventory for housing units, back-up for custody staff, searches and counts, attend mandatory meetings (Medical, Fire/Safety), provide daily counseling to offenders, diagnostic processing and fill in as acting Functional Unit Manager when needed. Required to obtain 40 hours of training per year.**

#### **14. Institutional Probation and Parole officers:**

A. How many parole officers are assigned to this institution?  
**13 POII's, 1 POIII**

B. Do you currently have any staff shortages?  
**Waiting to fill one position which should occur soon.**

C. Do the parole officers accumulate comp-time?  
**On rare occasions**

D. Do the parole officers at this institution flex their time, work alternative schedules?  
**Yes**

E. How do inmates gain access to meet with parole officers?  
**Open door, callouts, and written correspondence**

F. Average caseload size per parole officer? **140**

- # of pre-parole hearing reports per month? **90**
- # of community placement reports per month? **30-40**
- # of investigation requests per month? **190-210**

G. Are there any services that you believe parole officers should be providing, but are not providing?  
**No**

H. If so, what are the barriers that prevent officers from delivering these services?

*N/A*

I. What type of inmate programs/classes are the parole officers at this institution involved in?

*Two officers are trained for Pathways to Change and two are trained for Anger Management.*

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

*I would mention that the last few years have been difficult for corrections, as I am sure it has been for many other agencies. Staffing reductions have impacted workload and budget cuts have made it difficult to replace aging equipment, all of which impacts working conditions and morale. Salaries and benefits are also big concerns for staff. The price of consumer products and durable goods has gone up; however, there has only been one modest cost of living increase in the last few years. Changes to benefit plans over the last several years have also increased out of pocket expenses, adding to the financial challenges staff are experiencing. An increasingly higher number of staff are faced with the decision to change their standard of living or find part time employment. Many have left State service for higher paying positions in order to support their families. This results in staffing shortages which can be difficult to overcome due to the aforementioned reduced staffing. All of this compounds the struggles we face with the recruitment and retention of skilled staff in a variety of job classifications.*

16. Does your institution have saturation housing? If so, how many beds?

*Housing Unit #10 has 286 saturation/temporary beds.*

17. **Radio/Battery Needs:**

a. What is the number of radios in working condition?

- *Kenwood 3180*
- *400 serviceable*
- *5 conditioner serviceable*
- *400 single chargers serviceable*
- *200 battery supply*

b. Do you have an adequate supply of batteries with a good life expectancy? *Yes*

c. Are the conditioners/rechargers in good working order? *Yes*